

**Vaccines for Children Program
Patient Eligibility Screening Program**

Date _____

Child's Name _____
Last First MI

Date of Birth _____

Parent/Guardian
Individual of Record _____
Last First MI

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age or younger, who receive immunizations through the VFC program. The record may be completed by the parent, guardian or individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccines.

Please check only one of the following boxes explaining this child's vaccination qualifications:

- is enrolled in Medicaid/Wellcare
- does not have health insurance
- is American Indian or Alaskan Native
- has insurance that Does Not pay for vaccines
- does NOT qualify for the VFC program